

June 26, 2014



**VIA ELECTRONIC FILING**

Ms. Jean Jewell, Commission Secretary  
Idaho Public Utilities Commission  
472 W. Washington Street  
Boise, Idaho 83720-0074

Re: Direct Communications Rockland FCC Form 481 – Carrier Annual Reporting Data Collection Form, in Compliance with 47 C.F.R. §§ 54.313 and 54.422

Dear Ms. Jewell:

On behalf of Direct Communications Rockland (the Company), attached is a copy of the Company's FCC Form 481 – Carrier Annual Reporting Data Collection Form, in compliance with 47 C.F.R. §§ 54.313 and 54.422.

The attached report is provided to the Idaho Public Utilities Commission (PUC) in accordance with 47 C.F.R. §§ 54.313(i) and 54.422(c).

If you have any questions or need additional information, please contact me at 209-955-6116 or via e-mail at [Eric.Votaw@mossadams.com](mailto:Eric.Votaw@mossadams.com).

Sincerely,

A handwritten signature in blue ink that reads "Eric N. Votaw".

Eric N. Votaw, Senior Manager  
For Moss Adams

Enclosures

cc: Brian Lee, Direct Communications Rockland

**REDACTED- FOR PUBLIC INSPECTION**

June 27, 2014

**VIA OVERNIGHT DELIVERY**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, S.W.  
Washington, DC 20554

RE: **Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission**

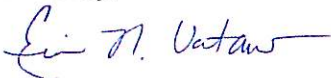
Dear Ms. Dortch:

Direct Communications Rockland ("Direct Communications"), a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,



Eric N. Votaw, Senior Manager for  
Moss Adams LLP

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division  
Brian Lee, Direct Communications Rockland

**FCC Form 481 - Carrier Annual Reporting**  
**Data Collection Form**

FCC Form 481  
OMB Control No. 3040-0046/OMB Control No. 3040-0019  
July 2015

Page 1

|       |   |                              |
|-------|---|------------------------------|
| <010> | Study Area Code   | 472232                       |
| <015> | Study Area Name   | DIRECT CONNECT-ROCKLAND      |
| <020> | Program Year  | 2015                         |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Richard Steward              |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 2081802345 ext.              |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | Accounting@directconnect.com |

| ANNUAL REPORTING FOR ALL CARRIERS  |  | 54.313<br>Completion<br>Required | 54.422<br>Completion<br>Required |
|--|--|----------------------------------|----------------------------------|
| <100>  | Service Quality Improvement Reporting (complete attached worksheet)  | 4                                |                                  |
| <200>  | Outage Reporting (voice) (complete attached worksheet)   | 4                                | 4                                |
| <210>  | 4 <input type="checkbox"/> -- check box if no outages to report  | 4                                |                                  |
| <300>  | Unfulfilled Service Requests (voice)   |                                  |                                  |
| <310>  | Detail on Attempts (voice) (attach descriptive document)   |                                  |                                  |
| <320>  | Unfulfilled Service Requests (broadband)   | 4                                |                                  |
| <330>  | Detail on Attempts (broadband) (attach descriptive document)   |                                  |                                  |
| <400>  | Number of Complaints per 1,000 customers (voice)   |                                  |                                  |
| <410>  | Fixed 0.0  | 4                                | 4                                |
| <420>  | Mobile 0.0   | 4                                |                                  |
| <430>  | Number of Complaints per 1,000 customers (broadband)   |                                  |                                  |
| <440>  | Fixed 0.0  | 4                                |                                  |
| <450>  | Mobile 0.0   |                                  |                                  |
| <500>  | Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)                           | 4                                | 4                                |
| <510>  | 472232345678.pdf (attach descriptive document)   | 4                                | 4                                |
| <600>  | Functionality in Emergency Situations (check to indicate certification)  | 4                                | 4                                |
| <610>  | 472232345678.pdf (attach descriptive document)   | 4                                | 4                                |
| <700>  | Company Price Offerings (voice) (complete attached worksheet)  | 4                                |                                  |
| <710>  | Company Price Offerings (broadband) (complete attached worksheet)  | 4                                |                                  |
| <800>  | Operating Companies and Affiliates (complete attached worksheet)   | 4                                | 4                                |
| <900>  | Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/> (if yes, complete attached worksheet)    | 4                                |                                  |
| <1000>   | Voice Services Rate Comparability (check to indicate certification)  | 4                                |                                  |
| <1010>   | 472232345678.pdf (attach descriptive document)   | 4                                |                                  |
| <1100>   | Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification) | 4                                |                                  |
| <1110>   | (complete attached worksheet)  |                                  |                                  |
| <1200>   | Terms and Condition for Lifeline Customers (complete attached worksheet)   |                                  | 4                                |
| <b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>         |  |                                  |                                  |
| <b>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</b> |  |                                  |                                  |
| <2000>   | (check to indicate certification)  |                                  |                                  |
| <2005>   | (complete attached worksheet)  |                                  |                                  |
| <b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>          |  |                                  |                                  |
| <3000>   | (check to indicate certification)  |                                  |                                  |
| <3005>   | (complete attached worksheet)  | 4                                |                                  |

Page 1

**(100) Service Quality Improvement Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

|                    |   |                           |
|--------------------|---|---------------------------|
| <b>&lt;010&gt;</b> | Study Area Code   | 472233                    |
| <b>&lt;015&gt;</b> | Study Area Name   | DIRECT COMM-ROCKLAND      |
| <b>&lt;020&gt;</b> | Program Year  | 2015                      |
| <b>&lt;030&gt;</b> | Contact Name - Person USAC should contact regarding this data                 | Bruce Steed               |
| <b>&lt;035&gt;</b> | Contact Telephone Number - Number of person identified in data line <030>     | 2085452345 ext.           |
| <b>&lt;039&gt;</b> | Contact Email Address - Email Address of person identified in data line <030> | accounting@directcomm.com |

|                    |  |   |
|--------------------|--|---|
| <b>&lt;110&gt;</b> | Has your company received its ETC certification from the FCC?  | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
|                    | If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/>            |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

**<112>** Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

47223310112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

|                    |   |   |
|--------------------|---|---|
| <b>&lt;113&gt;</b> | Maps detailing progress towards meeting plan targets                                      |   |
| <b>&lt;114&gt;</b> | Report how much universal service (USF) support was received                              | 4 |
| <b>&lt;115&gt;</b> | How (USF) was used to improve service quality   | 4 |
| <b>&lt;116&gt;</b> | How (USF) was used to improve service coverage  | 4 |
| <b>&lt;117&gt;</b> | How (USF) was used to improve service capacity  | 4 |
| <b>&lt;118&gt;</b> | Provide an explanation of network improvement targets not met in the prior calendar year. | 4 |

|   |
|---|
|   |
| 4 |
| 4 |
| 4 |
| 4 |
| 4 |

|       |   |                           |
|-------|---|---------------------------|
| <010> | Study Area Code   | 472032                    |
| <015> | Study Area Name   | DIRECT COMM-ROFLAND       |
| <020> | Program Year  | 2015                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Bruce Stead               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2015462343 ext.           |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | accounting@directcomm.com |

[illegible]

CMB Control No. 3060-0986/CMB Control No. 3060-0819  
July 2013

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 472222                   |
| <015> | Study Area Name   | DIRECT COMM-BUCKLAND     |
| <020> | Program Year  | 2015                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Bruce Stand              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2085492345 ext.          |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | accounting@directcom.com |

|       |  |          |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date    | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge |          |

[illegible]

|       |   |                               |
|-------|---|-------------------------------|
| <010> | Study Area Code   | 472032                        |
| <015> | Study Area Name   | PREFECT COCH-ROCKLAND         |
| <020> | Program Year  | 2015                          |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Bruce Steward                 |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 203542349 ext.                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bruce.steward@delawarecom.com |

[illegible]



(800) Operating Companies  
Data Collection Form  
FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                                |
|-------|---|--------------------------------|
| <010> | Study Area Code   | 472277                         |
| <015> | Study Area Name   | USFOT CASH-BACKLAND            |
| <020> | Program Year  | 2015                           |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Bruce Strand                   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7065493340 ext.                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | accounting@directcom.com       |
| <810> | Reporting Carrier   | Direct Communications Backland |
| <811> | Holding Company   |                                |
| <812> | Operating Company   | Direct Communications Backland |

[illegible]



(900) Tribal Lands Reporting  
Data Collection FormFCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0319  
July 2013

<010> Study Area Code 472232  
 <015> Study Area Name DIRECT CORP-ROCKLAND  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Bruce Steed  
 <035> Contact Telephone Number - Number of person identified in data line <030> 3065403345 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> accounting@directcorp.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

Fort Hall Reservation

&lt;920&gt; Tribal Government Engagement Obligation

472232d429.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  
 <922> Feasibility and sustainability planning;  
 <923> Marketing services in a culturally sensitive manner;  
 <924> Compliance with Rights of way processes  
 <925> Compliance with Land Use permitting requirements  
 <926> Compliance with Facilities Siting rules  
 <927> Compliance with Environmental Review processes  
 <928> Compliance with Cultural Preservation review processes  
 <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>(Yes, No,<br>NA) |
|----------------------------|
| NA                         |
| NA                         |
| NA                         |
| NA                         |
| NA                         |
| NA                         |
| NA                         |
| NA                         |
| NA                         |

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                              |
|-------|---|------------------------------|
| <010> | Study Area Code   | 172232                       |
| <015> | Study Area Name   | DIRECT CONNECT-ROCKLAND      |
| <020> | Program Year  | 2015                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Bruce Greed                  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2681 182345 EXT.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | acquiring@datacollection.com |

Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G)

☐

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/ OMB Control No. 3060-0819  
 July 2013

|       |   |                          |
|-------|---|--------------------------|
| <010> | Study Area Code   | 472232                   |
| <015> | Study Area Name   | ELECT COMM-ROCKLAND      |
| <020> | Program Year  | 2015                     |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Bruce Speed              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2089402345 ext.          |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | accounting@directcom.com |

4722321a1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://www.puc.idaho.gov/files/sercom/teriff/titled61/direct%20communications.pdf>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

## (2000) Price Cap Carrier Additional Documentation

## Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0985/ CMB Control No. 3000-0619

July 2013

|       |   |                       |
|-------|---|-----------------------|
| <010> | Study Area Code   | 470002                |
| <015> | Study Area Name   | DIRECT, OMNI, ROYALTY |
| <020> | Program Year  | 2014                  |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Reube Steved          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 203442348 ext.        |
| <039> | Contact Email Address - Line: Address of person identified in data line <030> | amontana@direct.com   |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

|   |  |                          |
|---|--|--------------------------|
| Incremental Connect America Phase I reporting                                 |  |                          |
| <2010>  | 2nd Year Certification (47 CFR § 54.313(b)(1))   | <input type="checkbox"/> |
| <2011>  | 3rd Year Certification (47 CFR § 54.313(b)(2))   | <input type="checkbox"/> |
| Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) |  |                          |
| <2012>  | 2013 Frozen Support Certification  | <input type="checkbox"/> |
| <2013>  | 2014 Frozen Support Certification  | <input type="checkbox"/> |
| <2014>  | 2015 Frozen Support Certification  | <input type="checkbox"/> |
| <2015>  | 2016 and future Frozen Support Certification   | <input type="checkbox"/> |
| Price Cap Carrier Connect America IEC Support (47 CFR § 54.313(d))            |  |                          |
| <2016>  | Certification Support Used to Build Broadband  | <input type="checkbox"/> |
| Connect America Phase II Reporting (47 CFR § 54.313(e))                       |  |                          |
| <2017>  | 3rd year Broadband Service Certification   | <input type="checkbox"/> |
| <2018>  | 5th year Broadband Service Certification   | <input type="checkbox"/> |
| <2019>  | Interim Progress Certification   | <input type="checkbox"/> |
| <2020>  | Please check the box to confirm that the attached document(s) on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> |

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

|   |  |
|---|--|
| <b>(3000) Rate Of Return Carrier Additional Documentation</b><br>Data Collection Form | FCC Form 681<br>CMS Control No. 3060-0865/CMS Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                     |
|---|---------------------|
| (010) Study Area Code   | 472137              |
| (015) Study Area Name   | DIRECT COMM-POPLAND |
| (020) Program Year  | 2015                |
| (030) Contact Name - Person USAC should contact regarding this data                 | Bevce, Stened       |
| (035) Contact Telephone Number - Number of person identified in data line (030)     | 2045162145 ext.     |
| (036) Contact Email Address - Email Address of person identified in data line (030) | bevce@us911.net.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.302(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(310) Progress Report on 5 Year Plan  
 Mandatory Certification: (a) 47 CFR § 54.313(f)(2)(i)

Name of Attached Document Listing Required Information

(311) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(2)(ii). The carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(312) Community Anchor Institutions (47 CFR § 54.313(f)(2)(ii))

Name of Attached Document Listing Required Information

(313) Is your company a Privately Held RCR Carrier (47 CFR § 54.313(f)(2))

(314) If yes, does your company file the RUS annual report

(Yes/No) ☒ Yes ☐ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(315) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(316) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows.

(Yes/No) ☒ Yes ☐ No

(317) If the response is yes on line 314, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(318) If the response is no on line 314, is your company audited?

If the response is yes on line 318, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(319) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(320) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(Yes/No) ☐ Yes ☐ No

(321) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(322) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

(Yes/No) ☐ Yes ☐ No

(323) Underlying information subjected to a review by an independent certified public accountant

(Yes/No) ☐ Yes ☐ No

(324) Underlying information subjected to an officer certification.

(Yes/No) ☐ Yes ☐ No

(325) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(326) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

|   |                           |  |
|---|---------------------------|--|
| Certification - Reporting Carrier<br>Data Collection Form                           |                           | FCC Form 481<br>OMB Control No. 3050-0386/OMB Control No. 3050-0618<br>July 2013 |
| <010> Study Area Code   | 472132                    |  |
| <015> Study Area Name   | DIRECT COMM-FORSLAND      |  |
| <020> Program Year  | 2013                      |  |
| <030> Contact Name - Person USAC should contact regarding this data                 | Bruce Stead               |  |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 2055482345 ext.           |  |
| <039> Contact Email Address - Email Address of person identified in data line <030> | accounting@direct.com.com |  |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

|   |                       |
|---|-----------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or U Recipients   |                       |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |                       |
| Name of Reporting Carrier:  | DIRECT COMM-FORSLAND  |
| Signature of Authorized Officer:  | CERTIFIED ONLINE      |
| Date  | 06/26/2014            |
| Printed name of Authorized Officer:   | JOSEPH SMITH          |
| Title or position of Authorized Officer:  | General Manager       |
| Telephone number of Authorized Officer:   | 2055482345 ext. 51271 |
| Study Area Code of Reporting Carrier:   | 472132                |
| Filing Due Date for this form:  | 07/01/2014            |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |                       |

|   |                      |  |
|---|----------------------|--|
| Certification - Agent / Carrier<br>Data Collection Form                             |                      | ICC Form 481<br>OMB Control No. 3060-0568/OMB Control No. 3060-0819<br>July 2013 |
| <010> Study Area Code   | 472230               |  |
| <015> Study Area Name   | DIRECT COMM-FORCLAND |  |
| <020> Program Year  | 2019                 |  |
| <030> Contact Name - Person USAC should contact regarding this data                 | Bruce Steward        |  |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 2085151345 ext.      |  |
| <039> Contact Email Address - Email Address of person identified in data line <030> | astewart@usfca.com   |  |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

|  |                                      |
|--|--------------------------------------|
| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or U Recipients on Behalf of Reporting Carrier   |                                      |
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                      |
| Name of Authorized Agent: _____  |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Signature of Authorized Officer: _____   | Date: _____                          |
| Printed name of Authorized Officer: _____  |                                      |
| Title or position of Authorized Officer: _____   |                                      |
| Telephone number of Authorized Officer: _____  |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

|  |                                      |
|--|--------------------------------------|
| Certification of Agent Authorized to File Annual Reports for CAF or U Recipients on Behalf of Reporting Carrier  |                                      |
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Name of Authorized Agent or Employee of Agent: _____   |                                      |
| Signature of Authorized Agent or Employee of Agent: _____  | Date: _____                          |
| Printed name of Authorized Agent or Employee of Agent: _____   |                                      |
| Title or position of Authorized Agent or Employee of Agent: _____  |                                      |
| Telephone number of Authorized Agent or Employee of Agent: _____   |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |



## Attachments

LINE 100 INITIAL FIVE-YEAR SERVICE QUALITY IMPROVEMENT PLAN

REDACTED FOR PUBLIC INSPECTION

Direct Communications Rockland understands and complies with the Idaho Public Utilities Commission's *Telephone Customer Relations Rules*, IDAPA 31.41.01, adopted under the general legal authority of the Public Utilities Law, Chapters 1 through 7, Title 61, Idaho Code, and the Telecommunications Act of 1996, Chapter 6, Title 62, Idaho Code, with regards to service. These telephone customer relations rules provide a set of fair, just, reasonable, and non-discriminatory rules regarding deposits, guarantees, billing, compensation for service, denial of service, termination of service, complaints to telephone companies, flag for interrupted service, and provisions of certain information about customer to telephone companies.

Direct Communications Rockland provides CPNI and Redflag training on a regular annual basis for all employees. Training is also provided for all new employees.

Direct Communications Rockland has CPNI signage posted for customer awareness purposes.

Pursuant to 47 C.F.R. § 54.313(a)(6) and/or 47 C.F.R § 54.422(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) Direct Communications Rockland meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Direct Communications Rockland's central and or remote office(s) by use of fixed generator and batteries that provide it with XX hours of emergency power service. In addition, Direct Communications Rockland's field electronics have 6-8 hours of back-up power by use of fixed/mobile generators and batteries. Direct Communications Rockland has no SONET technology in its network. Direct Communications Rockland has no redundant paths within its network to provide for the capability to reroute traffic Direct Communications Rockland has equipped its remote offices/or field gear with Emergency Stand Alone technology that will provide for call completion and access to 911 in emergency situations. Direct Communications Rockland is capable of managing traffic spikes resulting from emergency situations.

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3050-0900 OMB Control No. 3050-0819  
July 2013

|       |   |                           |
|-------|---|---------------------------|
| <010> | Study Area Code   | 472222                    |
| <015> | Study Area Name   | DIRECT CASH-RENTAL        |
| <020> | Program Year  | 2015                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Bruce Stead               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 202142345 ext.            |
| <038> | Contact Email Address - Email Address of person identified in data line <030> | accounting@directcash.com |
| <701> | Residential Local Service Charge Effective Date                               | 1/1/2014                  |
| <702> | Single State-wide Residential Local Service Charge                            |                           |
| <705> |   |                           |

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0996/ OMB Control No. 3060-0819  
July 2013

|       |   |                         |
|-------|---|-------------------------|
| <010> | Study Area Code   | 472237                  |
| <015> | Study Area Name   | DIRECT LINK-PORTLAND    |
| <020> | Program Year  | 2016                    |
| <030> | Contact Name - Person USAID should contact regarding this data                | Bruce Steed             |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2061922345 ext.         |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bsquared@directlink.com |

[illegible]

As pertaining to Form 481 line 920:

Direct Communications has contacted the tribal council through various letters and emails pertaining to compliance with tribal law pertaining to our services on the outskirts of their tribal reservation boundaries but have never received feedback or acknowledgement to our attempts.

Direct Communications serves the outer boundaries of the Fort Hall Reservation to a few homes that are located on the boundary of tribal land.

According to Direct Communication's knowledge, all laws and compliances have been met while serving these few customers.



Response to Line 1000  
Direct Communications Rockland  
Study Area 472232

### Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10 ) Direct Communications Rockland ("DCR") is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. DCR's current total local end-user rate<sup>1</sup> of \$27.17 (which includes a local fee of \$25.76, mandated state fees of \$1.41 and mandatory extended area service charges of \$0.00) is not above the standard deviation as specified in the USF/ICC Transformation Order.<sup>2</sup>

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<sup>1</sup> Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

<sup>2</sup> USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

## Direct Communications, Inc.

### Lifeline Assistance Program

1. The lifeline Assistance Program is a plan that assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced up to \$12.75
2. Eligibility Requirements: You must contact the Idaho Department of Health and Welfare to determine eligibility and to obtain an application.
3. Application for Assistance: To apply for Lifeline, contact the Idaho Department of Health and Welfare to obtain an application. If you are eligible, your name and telephone number will be forwarded to the telephone company. The monthly discount will begin within 60 days if your name and telephone number match the telephone company's records.
4. The lifeline Assistance Program is a plan that assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced up to \$12.75
5. Eligibility Requirements: You must contact the Idaho Department of Health and Welfare to determine eligibility and to obtain an application.
6. Application for Assistance: To apply for Lifeline, contact the Idaho Department of Health and Welfare to obtain an application. If you are eligible, your name and telephone number will be forwarded to the telephone company. The monthly discount will begin within 60 days if your name and telephone number match the telephone company's records.

Rates: The Lifeline customer will receive a monthly credit up to \$12.75 toward their local exchange service rate.

LINE 3005 RATE OF RETURN DATA

REDACTED FOR PUBLIC INSPECTION

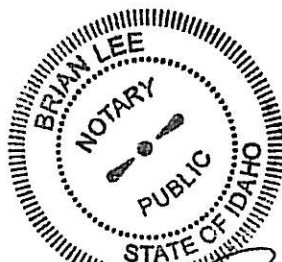
State of Idaho )  
 ) ss  
County of Power )

CERTIFICATION BY ELIGIBLE TELECOMMUNICATIONS CARRIER  
OF COMPLIANCE WITH SERVICE QUALITY AND CUSTOMER  
PROTECTION, ABILITY TO REMAIN FUNCTIONAL IN EMERGENCIES,  
AND USE OF FEDERAL HIGH-COST SUPPORT.

AFFIDAVIT OF BUSINESS OR CORPORATE OFFICER


The Idaho Public Utilities Commission Order No. 29841 requires that Eligible Telecommunications Carriers certify that it is compliant with applicable service quality standards and consumer protection rules; and ETCs must demonstrate the ability to remain functional in emergencies. In addition, the Commission must file an annual certification with the USAC and the FCC that all federal high-cost support provided to ETCs within the State of Idaho will be used only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. Accordingly, the undersigned states and verifies under oath the following:

1. I am an officer of Direct Communications Rockland, an eligible telecommunications carrier for receiving federal universal service support under section 214(e) of the Telecommunications Act of 1996 in the state of Idaho.
2. I am familiar with the Company's day-to-day operations in the state of Idaho and with the State's service quality standards and consumer protection rules as set forth in Commission Order No. 29841.
3. Direct Communications Rockland is complying with applicable service quality standards and consumer protection rules of the Federal Communications Commission and the Idaho Public Utilities Commission.
4. I certify to the Commission that the Company is able to remain functional in emergencies as set forth in Commission Order No. 29841 and in 47 C.F.R. § 54.201(a)(2).
5. I also certify that all federal universal service support funds received by Direct Communications Rockland during the current calendar year will be used in a manner consistent with section 254(e); that is, for the provision, maintenance, and upgrading of facilities and services for which the support is intended. The company will continue to comply for the period of January 1, 2015, through December 31, 2015, to be eligible for federal universal service fund support.
6. This verification and affidavit is provided to be the Idaho Public Utilities Commission to enable the IPUC to certify to the FCC that federal universal service support received by the eligible carriers in the state will be used in a manner consistent with Section 254(e) of the Telecommunications Act.



  
Jeremy Smith/General Manager  
Name/Title  
06/25/2014  
Date

SUBSCRIBED AND SWORN to before me this 25th day of June 2014

  
Notary Public for Idaho, residing at 260 E. Shoshone, Rockland ID \_\_\_\_\_  
My Commission expires 6/11/2016 \_\_\_\_\_